

**IDEA APPLICATION***(See instruction for completing AF Form 1000 and IDEA ineligibility criteria on AF Form 1000A)***PRIVACY ACT STATEMENT****AUTHORITY:** 5 U.S.C. 501 and 10 U.S.C. 1124; E. O. 9397.**PURPOSE:** To document ideas that may contribute improvements to Government operations.**ROUTINE USES:** In the event the idea is adopted, the personal information provided by the submitter is used to process recognition (cash or honorary). SSN is used for positive identification.**DISCLOSURE IS VOLUNTARY:** Failure of the individual to provide a SSN and address may result in lack of appropriate recognition for an adopted idea since the SSN is used to positively identify the submitter, and the mailing address may be used to forward awards.

IDEA	SCIENTIFIC ACHIEVEMENT	INVENTIONS	PATENT IDEAS
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**NOTE:** Update or Notify IDEA Analyst of Address Changes.

SUBJECT OF IDEA:	DATE RECEIVED (DD MMM YYYY)	IDEA NO (To be filled in by IDEA Analyst)
WING MANPOWER/QUALITY (Include office symbol, location, DSN, FAXZ number and E-Mail address. To be filled in by IDEA analyst.)		SEPARATE DOCUMENT CONTROL NO. (If any)

**1A. SUBMITTER PERSONAL INFORMATION (Primary Contact)**

NAME OF SUBMITTER (Enter Last, First, MI, Grade/Rank)	MIL	CIV	STATUS (Active or Retired)
SSN	LOCAL NATIONAL'S IDENTIFICATION		E-MAIL/INTERNET ADDRESS
ORGANIZATIONAL ADDRESS (Including functional symbol)			OFFICE PHONE
			HOME OR MAILING ADDRESS (Include ZIP code)

**1B. CO-SUBMITTERS PERSONAL INFORMATION**

NAME OF SUBMITTER (Enter Last, First, MI, Grade/Rank)	MIL	CIV	STATUS (Active or Retired)
SSN	LOCAL NATIONAL'S IDENTIFICATION		E-MAIL/INTERNET ADDRESS
ORGANIZATIONAL ADDRESS (Including functional symbol)			OFFICE PHONE
			HOME OR MAILING ADDRESS (Include ZIP code)
NAME OF SUBMITTER (Enter Last, First, MI, Grade/Rank)	MIL	CIV	STATUS (Active or Retired)
SSN	LOCAL NATIONAL'S IDENTIFICATION		E-MAIL/INTERNET ADDRESS
ORGANIZATIONAL ADDRESS (Including functional symbol)			OFFICE PHONE
			HOME OR MAILING ADDRESS (Include ZIP code)

I HEREBY AGREE THAT UPON ACCEPTANCE OF CASH OR HONORARY AWARD, THE USE OF THIS IDEA BY THE UNITED STATES SHALL NOT FORM A BASIS OF A FURTHER CLAIM OF ANY NATURE UPON THE UNITED STATES BY ME, MY HEIRS, OR ASSIGNS. I UNDERSTAND THAT THIS IDEA MAY BE GRANTED AN AWARD ONLY IF APPROVED BY THE GOVERNMENT.

I DECLINE CASH AWARD.				DATE (DD MMM YYYY)	SIGNATURE OF SUBMITTERS
YES		NO			
YES		NO			
YES		NO			

<b>2. IDEA</b>			
A. SUBJECT OF IDEA:		IDEA NO (To be filled in by IDEA Analyst)	
C. PRIMARY SUBMITTER (Name and DSN)		D. ARE THERE CO-SUBMITTERS?	
		YES NO	
E. AFTER-THE-FACT IDEA:		YES. (If YES, explain in text of idea, para. 26. Provide such as person contacted, date contacted, results of contact, etc.)	
F. PRESENT METHOD (Describe completely. Use continuation sheet, if needed. Identify block(s) being continued.)			
G. PROPOSED METHOD (Describe completely. Use continuation sheet, if needed. Identify block(s) being continued.)			
H. DESCRIBE EXPECTED BENEFITS (Describe completely. Use continuation sheet, if needed. Identify block(s) being continued.)			

AF FORM 1000, APR 98 (EF-VI)



